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## APPLICANTS

David S. Taylor, Accrington, UNITED KINGDOM;  
 Peter D. Lee, Hartlepool, UNITED KINGDOM;  
 Christopher P. Henderson, Brandon, UNITED KINGDOM;

\*\* CONTINUING DATA \*\*\*\*\* - None - TB

\*\* FOREIGN APPLICATIONS \*\*\*\*\* - None - TB

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

04/29/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY UNITED KINGDOM	SHEETS DRAWING 16	TOTAL CLAIMS 65	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <u>TB</u> Initials				

## ADDRESS

32692

## TITLE

Anatomically fitted respiratory component belt

<b>FILING FEE RECEIVED</b> 1710	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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